



**Health Care Agency
Mental Health Plan (MHP)
Intake/Advisement Checklist**

Consumer's name

I prefer to receive the Informing Materials in the following language: _____
(The MHP staff must review and complete this form with consumer or legal guardian)

Assessment of need for Informing Materials on CD or other audio format

I was offered/asked if I wanted the Medi-Cal MHP Handbook on either a CD or an audio recording posted in the HCA website in my preferred threshold language. Yes No

I declined getting a CD/county link to the HCA website
 I requested and received the CD or the county link to the HCA website

Informing Materials

Mental Health Plan Consumers (check applicable boxes below)

I received the link http://ochealthinfo.com/bhs/about/medi_cal
(For Medi-Cal MHP Handbook and MHP Provider Directory)

OR

I requested Medi-Cal MHP Handbook and MHP Provider Directory be sent to my residence within 5 days of today's date.

Mailed out: _____ (Date) _____ (Staff Initials)

OR

I received the Medi-Cal MHP Handbook and MHP Provider Directory
(Hard copy) Regular Print Large Print

I received a copy of the Notice of Privacy Practices Yes No

I completed the receipt of Notices of Privacy Practices Yes No

I (or if non-driving minor, the accompanying adult) was advised of and provided written information on the Car Seat regulation. Yes No

I was offered Voter Registration. If I am under 18, it was offered to the accompanying adults. Yes No

Advance Health Care Directive (AD) – Only for Consumers 18 years old and older

I was given the Advance Health Care Directive Information Sheet Yes No
Date Given: ____/____/____

I gave the MHP staff my AD today: ____/____/____ (Date) ____ (Initials)

Signatures

Consumer/Legal Guardian Signature: _____ Date Signed: ____/____/____

MHP Staff Signature: _____ Date Signed: ____/____/____